

IFW AJB635
Blw

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

AUG 9 8 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/042,857
		Filing Date	01/11/2002
		First Named Inventor	Breslin
		Group Art Unit	3635
		Examiner Name	J. E. Chapman
Total Number of Pages in This Submission		Attorney Docket Number	Breslin-1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LaMorte & Associates
Signature	
Date	08/06/2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

08/06/2004

Typed or printed name	Eric A. LaMorte		
Signature		Date	08/06/2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

From:
LAMORTE & ASSOCIATES, P.C.
ATTORNEYS AT LAW
985 READING AVENUE
P.O. BOX 434
YARDLEY, PA. 19067

To:

**MAIL STOP Non-Fee Amendment
Commissioner of Patents & Trademarks
BOX 1450
ALEXANDRIA, VA 22313-1450**



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: : Examiner: **J. E. Chapman**
Breslin :
Serial No.: **10/042,857** : Group Art Unit: **3635**
Filed: **January 11, 2002** : Date: **August 6, 2004**

FOR: PADDING DEVICE FROM AN ABOVE-GROUND POOL AND ITS ASSOCIATED METHOD OF INSTALLATION

Mail Stop Non-Fee Amendment
Commissioner of Patents and Trademarks

I hereby certify that this correspondence and/or fee is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Mail Stop Amendment in accordance with 37 C.F.R. §1.8, on this day.

(Date of Deposit)

(Signature and Date)

August 6 2004

[Signature] 8-6-04

AMENDMENT

Sir:

Pursuant to the Official Action dated May 11, 2004 and received in regard to the above-identified application, please enter the following amendments and remarks.

IN THE CLAIMS

Delete Claim 13.

Please amend the claims as follows: